

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>245343</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>06/18/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>MINNESOTA MASONIC HOME CARE CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP <b>11501 MASONIC HOME DRIVE BLOOMINGTON, MN 55437</b>	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		
F 0880  <b>Level of harm</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Some	<p><b>Provide and implement an infection prevention and control program.</b></p> <p>Based on observation, interview and document review, the facility failed to ensure 6 of 6 residents (R1, R2, R3, R4, R5, and R6) were socially distanced during a group activity to mitigate transmission of COVID-19 according to the Centers of Disease Control (CDC) and Centers for Medicare and Medicaid Services (CMS) guidance. Findings include: Observation 6/18/20, at 10:30 a.m., of a group activity in the day room on the second floor long-term care unit identified five residents seated around a long table that was four feet wide by eight feet long. An unidentified staff member was seated in the center on the long side of the table. Two residents were seated diagonally across from her. Two residents were seated directly behind the residents at the table. Three additional residents stood in the room along with an unidentified nursing assistant. The room was long and narrow, and residents were not able to be socially distanced. During the activity, extra residents attempted to enter the room and were redirected from the room by unidentified nursing assistants. When the activity concluded, residents who attended the activity were assisted out of the room, and were not socially distanced while exiting the room. Review of a 6/15/20, memo to staff to restart activities identified group activities were to be kept small, and limited to facilitate social distancing. Group activities in the day rooms were to be limited to 3-4 residents. Activities in the small dining room were to be limited to 5-6 residents. Activities were to be limited to 10-15 minutes in duration. An interview on 6/18/20, at 12:15 p.m. with the director of therapeutic recreation and volunteer services identified R1, R2, R3, R4, R5, and R6 attended the entire activity in the day room on the second floor. Staff were to ensure group activities were limited to 3-4 in the day room. When greater numbers of residents wished to attend an activity, the activity was able to be conducted in the small dining room to allow for 5-6 residents to attend an activity. The rooms were not measured prior to the restart of activities to identify room capacity for social distancing. No additional planning was implemented prior to the restart of activities to ensure social distancing occurred, and no additional training for staff occurred to ensure social distancing was able to be maintained. Activity staff and nursing assistants were unable to redirect extra residents away from the activity, and the room became above capacity to ensure social distancing was practiced. An interview on 6/18/20, at 12:30 p.m., with the director of nursing (DON) identified room's dimensions were 14 feet by 20 feet. The DON expected group activities to be limited to 3-4 residents in the day room to ensure social distancing could occur.</p>		
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE		(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.